

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 05/18/06

LSUPP

1000886

1. NAME Haynie Randy K
Last First MI2. BUSINESS PHONE (225) 336-41433. BUSINESS ADDRESS 1465 Ted Dunham Baton Rouge LA 70802
Street and No. City State ZipMAILING ADDRESS P.O. Box 44032, Capitol Station Baton Rouge LA 70804
Street and No. City State Zip4. EMPLOYER Haynie & Associates5. EMPLOYER'S ADDRESS P.O. Box 44032, Capitol Station Baton Rouge LA 70804
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Safelite Group, Inc.Address 2400 Farmers Drive Columbus, OH 43235Business or purpose Glass replacement service☒ New RepresentationDoes this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____**HAND DELIVERED**

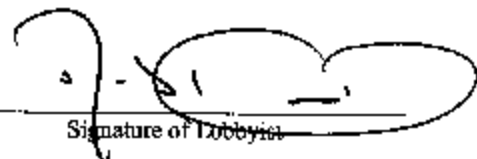
SUPPLEMENTAL REGISTRATION FORM



2. Name Spacelabs Medical
Address 5150 220th Avenue, SE Issaquah, Washington 98027
Business or purpose Medical Supplies
☒ New Representation
Does this person pay you? Yes
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name AP8 Healthcare
Address 8403 Colesville Road, Suite 1600 Silver Spring, MD 20910
Business or purpose Disease Management
☒ New Representation
Does this person pay you? Yes
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LDA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist